

Docket No. \_\_\_\_\_

ARENT FOX KINTNER PLOTKIN & KAHN, PLLC  
Nikaido, Marmelstein, Murray & Oram Intellectual Property Group**Declaration For U.S. Patent Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
(Insert Title) Method for training a neural network

the specification of which is attached hereto unless the following box is checked:

☒ was filed on 24 August 2000 as PCT International Application  
 Number PCT/EP00/08280 and was amended on \_\_\_\_\_  
 and/or was filed on \_\_\_\_\_ as United States Application  
 Number \_\_\_\_\_ and was amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International Application having a filing date before that of the application(s) for which priority is claimed:

(List prior foreign applications. See item A on back of this page)	<u>199 40 577.8</u>	<u>Germany</u>	<u>26/August/1999</u>	Priority Claimed
	(Number)	(Country)	(Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. §119(c) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

(See Note B on back of this page)

☐ See attached list for additional prior foreign or provisional applications.

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) (U.S. or PCT) in the manner provided by the first paragraph of 35, U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(List prior U.S. Applications or PCT International applications designating the U.S.)	(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
	(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

And I hereby appoint as principal attorneys: Robert B. Murray, Reg. No. 22,980; Charles M. Marmelstein, Reg. No. 25,895; George E. Oram, Jr., Reg. No. 27,931; Douglas H. Goldsmith, Reg. No. 33,125; David T. Nikaido, Reg. No. 22,663; Monica Chin Kims, Reg. No. 36,105; Richard J. Serman, Reg. No. 39,107; King L. Wong, Reg. No. 37,500; James A. Poulos, III, Reg. No. 31,714; Patrick D. Muir, Reg. No. 37,403; Murat Ozgu, Reg. No. 44,275; Bradley D. Goldizen, Reg. No. 43,637; N. Alexander Nolte, Reg. No. 43,689 and Robert K. Carpenter, Reg. No. 34,794.

Please direct all communications to the following address:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00 (See Note C on back of this page)

Full name of sole or first inventor Ronald Kates  
 Inventor's signature Ronald Kates  
 Residence Otterfing, Germany  
 Citizenship USA  
 Post Office Address Painkammer Straße 49, 83624 Otterfing, Germany

19 April 2002

2-00 Full name of second joint inventor, if any Nadia Harbeck  
Inventor's signature [Signature] Date 10/9/02  
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3-00 Full name of third joint inventor, if any Manfred Schmitt  
Inventor's signature [Signature] Date 22.08.02  
Residence München, Germany DEX  
Citizenship German  
Post Office Address Hohenaschauer StraÙe 10, 81669 München, Germany

Full name of fourth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of fifth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of sixth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of seventh joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of eighth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of ninth joint inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

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